

2000 Trust Account Caravan Registration Form

Four (4) hours continuing education elective credit will be awarded for completion of each course. Courses are intended for brokers and trust account bookkeepers. Salesmen will be admitted on a space available basis.

Asheville - Ramada Plaza Hotel

435 Smoky Park Highway

- ☐ Basic Trust Account Procedures Course
March 28, 2000 9:00 am - 1:00 pm
- ☐ Trust Account Procedures for Resort Prop. Mgrs.
March 29, 2000 9:00 am - 1:00 pm

Banner Elk - Holiday Inn-Banner Elk

NC Highway 184

- ☐ Basic Trust Account Procedures Course
April 25, 2000 9:00 am - 1:00 pm
- ☐ Trust Account Procedures for Resort Prop. Mgrs.
April 26, 2000 9:00 am - 1:00 pm

Charlotte - Hilton Charlotte University Place

8629 J.M. Keynes Dr.

- ☐ Basic Trust Account Procedures Course
April 13, 2000 9:00 am - 1:00 pm
- ☐ Basic Trust Account Procedures Course
April 14, 2000 9:00 am - 1:00 pm

Fayetteville - Holiday Inn Bordeaux

1707 Owen Dr.

- ☐ Basic Trust Account Procedures Course
April 5, 2000 9:00 am - 1:00 pm

Greensboro - Ramada Inn-Greensboro Airport

7067 Albert Pick Rd.

- ☐ Basic Trust Account Procedures Course
April 27, 2000 9:00 am - 1:00 pm
- ☐ Basic Trust Account Procedures Course
April 28, 2000 9:00 am - 1:00 pm

Kill Devil Hills - Ramada Inn Outer Banks Resort & Conference Center

1701 South Virginia Dare Trail

- ☐ Basic Trust Account Procedures Course
April 18, 2000 9:00 am - 1:00 pm
- ☐ Trust Account Procedures for Resort Prop. Mgrs.
April 19, 2000 9:00 am - 1:00 pm

Wilmington - Coast Line Convention Center

501 Nutt Street

- ☐ Basic Trust Account Procedures Course
April 3, 2000 1:00 pm - 5:00 pm
- ☐ Trust Account Procedures for Resort Prop. Mgrs.
April 4, 2000 9:00 am - 1:00 pm

Complete this form (*make copies for additional persons*) and mail with a check for **\$35 tuition fee** to be received by the Commission no later than 10 working days prior to date of preferred session. Each session is limited to 40 participants, scheduled according to date received. **Walk-ins will be accepted on a space available basis only.**

Name _____ Phone _____
(Daytime)

Address _____
(Street, P.O. Box, etc.) (City) (State) (Zip)

☐ Broker (License No. _____)

☐ Salesman (License No. _____)

☐ Bookkeeper

Mail to: **NC REAL ESTATE COMMISSION**
Attention: Audits and Investigations Division
P. O. Box 17100
Raleigh, NC 27619-7100
Enclose \$35 tuition fee